

MOTION FOR RECONSIDERATION OR NEW TRIAL;
DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

TWO-SIDED FORM
Form #3DC41

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI'I		Reserved for Court Use
Plaintiff(s)		
Defendant(s)		Civil No.
		Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Trial Date of Judgment or Order:		Judge:
<div>MOTION FOR RECONSIDERATION OR NEW TRIAL</div> <p>Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:</p> <div><input type="checkbox"/> District Court Rules of Civil Procedure, Rule _____;</div> <div><input type="checkbox"/> New trial under District Court Rules of Civil Procedure, Rule 59.</div>		
<div>DECLARATION</div> <p>I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:</p> <div><div>1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____;</div><div>2. The following are facts why the Motion should be granted (attach continuation sheet if necessary).</div></div>		
Date:	Signature of Declarant: Print/Type Name:	

NOTICE OF MOTION

TO: _____:

Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on _____, _____, 19____ at _____ M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

- ☐ North & South Hilo Division
☐ Puna Division
☐ North & South Kona Division
☐ Ka'u Division
☐ South Kohala Division
☐ Hamakua Division
☐ North Kohala Division

75 Aupuni Street, Room 205, Hilo, Hawai'i 96720
16-200 Pili Mua Street, Kea'au, Hawai'i 96749
79-7595 Haukapila Street, Kealahou, Hawai'i 96750
95-5669 Mamalahou Highway, Na'alehu, Hawai'i 96772
67-5175 Kamamalu Street, Kamuela, Hawai'i 96743
45-3880 Mamane St., Honoka'a, Hawai'i 96727
54-3900 Government Main Road, Kapa'au, Hawai'i 96755

Mailing address for the above Courts: ☐ **75 Aupuni Street, Room 205, Hilo, Hawai'i 96720** ☐ **P.O. Box 9017, 79-7595 Haukapila Street, Kealahou, Hawai'i 96750** ☐ **67-5175 Kamamalu Street, Kamuela, Hawai'i 96743**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ **I DO NOT OBJECT to this Motion.**
- ☐ I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Responding Party(ies)/Responding Party(ies)' Attorney

Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation or assistance, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.